July 1975 should be deprived of benefit from their husbands' war service.

Interest at 3·5% compound, without tax relief, payable to secure war service pension compares very unfavourably with the miserable 2½% simple—taxable—paid since 1948 on our compensation for loss of goodwill.

A colleague of mine with six years of war service recently wrote to the appropriate department of the Ministry of Defence seeking confirmation of the dates of his war service. I understand that the reply was to the effect that "they had never heard of him."

Reverting to the increase of pension of practitioners who retired between January 1969 and March 1972, I wrote to the Superannuation Department which deals with my pension in March 1975 and even at that late date they denied any knowledge of the proposed increase. Why are we waiting?

K FORSYTHE

Comrie, nr Crieff,
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Reorganisation in North Yorkshire

SIR,—Part of the report "From the CCCM" (5 February, p 397) reads, "Finally, the committee discussed one of the personal tragedies that occurred during the reorganisation of the NHS. The discussion was prompted by a letter received from a doctor in North Yorkshire."

Although there were more than enough disasters as the result of reorganisation, the letter referred to was not intended to arouse sympathy. It was concerned with financial matters in respect of one person. If the CCCM feels so strongly as to use emotive words like "tragedy" it is, perhaps, not too much to expect it to take some action.

What happened to the medical staff of the North Riding of Yorkshire may be no more than a reflection of the shabby standards of much of public life, but that is all the more reason why the representatives of the medical profession should not allow those events to pass without comment. At this late date nothing can help those who were so shamefully treated but, should our representatives prove so weak as to appear to condone this whole sordid affair by their silence, it would be tragedy indeed.

W R M COUPER

Pickering, N Yorks

Points from Letters

Smoking and mortality in British doctors

Dr M A KASTENBAUM (Tobacco Institute Inc, Washington, DC) writes: The recent publication (25 December, p 1525) by Sir Richard Doll and Mr Richard Peto is just one in a long series of articles by the first author and others on the effect of smoking on British doctors. From the very beginning statisticians have raised questions about the adequacy of the original sample to represent the population of all British physicians in 1951. The crux of the problem lies in one sentence, repeated again in the introduction to the current article—namely, "Replies that were sufficiently complete to be used were received from 34 440 men—that is, about 69% of the men who were alive when the questionnaire was sent." . . . If the sample of British doctors had indeed been selected at random in 1951, 69%, or perhaps a much smaller percentage, would have been more than adequate for most of the generalisations that have been made during the past 20 years. However, this was not the case. The respondents to the mail questionnaire were voluntary, a fact that raises all sorts of unanswered questions about biases, not only among the 69% who responded but also among the unknown 31% who failed to respond. The sentiment of reputable statisticians on this form of sampling bias has been repeated ad nauseam in statistical and sample survey literature.[1] [2] . . .

[1] Hill, A B, in *The Application of Scientific Methods to Industrial and Service Medicine* (Medical Research Council), p 7. London, HMSO, 1951.
[2] Bryson, M L, *American Statistician*, 1976, **30**, 184.

Natural curing of tobacco and lung cancer

Dr G Y CALDWELL (Singapore) writes: . . . The Semai tribe of Malaysia start smoking as early as two years old, when they give up breast-feeding. It is a sort of weaning. At the age of 22 they have smoked for 20 years and at 42 for 40 years. In a recent survey when the whole tribe of 12 000 had their chests *x*-rayed not one showed any trace of lung cancer. The rural environment no doubt is in their favour, but could not the local-grown, nature-cured tobacco also be a contributory factor to their good health? . . .

Postural imbalance in the elderly

Dr MABEL L HAIGH (Wetherby, Yorks) writes: In the article by Dr P W Overstall and others (29 January, p 261) maybe more emphasis could have been put on the significance of the natural aging processes in the central nervous system and in particular those in the vestibular system. The relationship between the gross anatomy and histology of the vestibular system, as also its physiology, and that of the organ of hearing would seem to run very close. . . . It is perhaps not surprising that evidence of "swaying" indicative of diminishing vestibular function may . . . occur as early as 40 years of age. . . . It would have been interesting to know how closely the hearing of patients studied by audiometric tests correlated with the results of the tests described for monitoring "swaying" as the loss of hearing occurring in the elderly is probably not of sudden onset but develops gradually from middle age onwards. And just as it is important to encourage the elderly with hearing loss to wear a suitable heraing aid so perhaps it would be helpful to suggest that balancing exercises be included as a routine—unless, of course, there is some contraindication—in physiotherapy arranged for the elderly.

Arthroscopy of the knee

Dr D J STOKER (Royal National Orthopaedic Hospital, London W1) writes: Mr S C Gallannaugh (12 February, p 445) believes that the advantage of arthroscopy over arthrography lies in the fact that the surgeon can identify the meniscal lesion before proceeding to operation. Perhaps because he is less often engaged in diagnostic procedures than we radiologists he neglects to discuss the negative arthroscopy. Other arthroscopists[1] have reported that in over a third of patients arthroscopy does not affect the management. These authors state that its chief advantage is the identification of those patients in whom a proposed arthrotomy is unnecessary. This is equally true of arthrography which, as an outpatient procedure, does not have the disadvantages of using theatre time and staff, general anaesthesia, and significant short-term morbidity. . . .

[1] Dandy, D J, and Jackson, R W, *Journal of Bone and Joint Surgery*, 1975, **57B**, 346.

Distinction awards

Dr A H MIAN (Hemlington Hospital, Middlesbrough) writes: In their examination of the distinction awards system Drs P Bruggen and S Bourne (12 February, p 462), being psychiatrists, obviously have an interest in pointing out the unfair differential between psychiatrists and other disciplines in the medical field. However, going through the paper as well as the table I do not see any mention of diagnostic radiology at all. As everybody knows, this is one of the shortage specialties which is in crisis. I would like to know how this specialty compares with other specialties in medicine. . . . My purpose in writing is to urge not only that a fair method be devised for merit awards, but also that the secrecy surrounding it be abolished. . . .

Call to negotiators

Dr M WYNN (Buckie, Banffshire) writes: May I set down a few points to stiffen the resistance of those who would negotiate on our behalf in the next round of pay talks with the Government? . . . No one can doubt our patriotism as a profession considering that we have accepted the excuses of the politicians for nil awards and refusals to accept Review Body recommendations, all for the good of the economy. At the same time, to make up for these deficiencies I am forced to bear the burden of an ever-increasing bank overdraft . . . To add insult to injury I find that the bank rate and consequently mortgage rate are being held at an artificially high level by the Bank of England. I am now in a position whereby, to keep the NHS going, I must subsidise it from my own pocket and at the same time pay penal rates of interest for the privilege of doing so. . . . To our negotiators I would say, force the Government to reintroduce proper pay differentials; ignore the bleatings of those who would impose a prices and incomes policy. How can any government claim that wage rises cause inflation when, with virtually stagnant incomes, inflation is running at 30%? . . . It seems to me that all is not yet lost. The juniors, who won a great victory over the politicians last year, will eventually find their way into more senior posts both medical and medicopolitical. They will not have forgotten the methods which won them a victory. I feel sure that should they retain this sense of purpose in their more mature years, then we shall have the nucleus of a negotiating machine with real backbone. Unfortunately for a great number of the profession, by the time these people become politically effective it will be too late. . . .